



PATENT

#9/A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Edward L. Sinofsky et al.
Application No. : 09/382,615
Filing Date : August 25, 1999
Entitled : MANEUVERABLE OPTICAL FIBER
DEVICE FOR CARDIAC PHOTOABLATION
Atty. Docket No. : 101327-126

Group Art Unit: 3739

Examiner: D. Shay

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By:

Lisa J. Michaud

Reg. No: 44,238

Assistant Commissioner for Patents
Washington, DC 20231

AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office Action dated July 13, 2001, please amend the above-referenced patent application as follows:

In the claims

Please amend claims 1, 2, 5, 9, 16-18, and 21-24 as follows:



3739

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/382,615-5467	
	Filing Date	August 25, 1999	
	First Named Inventor	Edward L. Sinofsky, Ph.D.	
	Group Art Unit	3739	
	Examiner Name	D. Shay	
Total Number of Pages in This Submission		Attorney Docket Number	101327-0126

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	NUTTER, MCCLENNEN & FISH, LLP Lisa J. Michaud
Signature	
Date	October 15, 2001